



**EU-PEARL**  
EU PATIENT-CENTRIC  
CLINICAL TRIAL PLATFORMS

# Precision Medicine and Clinical Trials

*ISCIII y UIMP curso: “Medicine de precisión: Ciencia y tecnología al servicio de la transformación del sistema sanitario”. 30 Junio - 2 Julio de 2021*

30 Junio 2021

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innovative  
medicines  
initiative



This project has received funding from the Innovative Medicines Initiative 2 Joint Undertaking (JU) under grant agreement No 853966. The JU receives support from the European Union's Horizon 2020 research and innovation programme and EFPIA, and Children's Tumour Foundation, Global Alliance for TB Drug development non-profit organisation, Springworks Therapeutics Inc. This presentation reflects the authors' view. Neither IMI nor the European Union, EFPIA or any Associated Partners are responsible for any use that may be made of the information contained.





# Drug development - Challenges

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- Advancements in fundamental and applied biomedical research, yet translation into treatments has become **inefficient, expensive, slow, insufficiently tailored**.
- Investigating 1-2 interventions in single disease can be expensive and challenging to execute, and important questions remain unanswered. **High unmet clinical needs**.
- Challenge to **recruit patients** in “Precision medicine” trials aiming to evaluate targeted treatments (e.g. rare diseases).
- **Potential causes:** (i) siloed, competitive development process focused on single compounds, (ii) insufficient collaboration among stakeholders (iii) limited aligned patient-centric approach by stakeholders, (iv) limited focus on individual tailored treatments.
- **Has led to shortages:** (i) investigators & sites for phase 2-3 clinical trials, (ii) patients for enrollment, (iii) sharing knowledge and use of real-world data, (iv) investigations of combination treatments from different sponsors.



# Drug development – Novel ways forward

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- **Master protocol trial designs** considered to be **more efficient** than traditional “*one drug, one trial*” paradigm in certain situations/questions.
- Different types of designs (e.g., umbrella, platform, basket)
- Enable study **one or more interventions in one or more disease area, without setting up separate studies.**
- Uses common screening framework to identify interventions for which patients may be eligible, **creating more opportunities for patients.**
- Often include periodic interim analyses to determine futility or success, and potentially **allow patients to be re-assigned** to other arms/treatments.
- Began in early 2000s, grown significantly in last few years. Majority in oncology, yet increasingly used in other areas e.g Alzheimer’s disease, infectious diseases.

## The Evolution of Master Protocol Clinical Trial Designs: A Systematic Literature Review

Elias Laurin Meyer, MSc<sup>1</sup>; Peter Mesenbrink, PhD<sup>2</sup>; Cornelia Dunger-Baldauf, PhD<sup>3</sup>; Hans-Jürgen Fülle, MD PhD<sup>3</sup>; Ekkehard Glimm, PhD<sup>3</sup>; Yuhan Li, M.S.<sup>2</sup>; Martin Posch, PhD<sup>1</sup>; and Franz König, PhD<sup>1</sup>

<sup>1</sup>Center for Medical Statistics, Informatics, and Intelligent Systems, Medical University of Vienna, Vienna, Austria; <sup>2</sup>Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA; and <sup>3</sup>Novartis Pharma AG, Basel, Switzerland

nature > nature reviews drug discovery > perspectives > article

Perspective | Published: 28 August 2019

OPINION

### Adaptive platform trials: definition, design, conduct and reporting considerations

The Adaptive Platform Trials Coalition

Nature Reviews Drug Discovery 18, 797–807 (2019) | Cite this article

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DOI: 10.1056/NEJMra1510062  
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# Growing literature...

The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

### THE CHANGING FACE OF CLINICAL TRIALS

Jeffrey M. Drazen, M.D., David P. Harrington, Ph.D., John J.V. McMurray, M.D., James H. Ware, Ph.D., and Janet Woodcock, M.D., Editors

## Master Protocols to Study Multiple Therapies, Multiple Diseases, or Both

Janet Woodcock, M.D., and Lisa M. LaVange, Ph.D.

HIGH-QUALITY EVIDENCE IS WHAT WE USE TO GUIDE MEDICAL PRACTICE. The standard approach to generating this evidence — a series of clinical trials, each investigating one or two interventions in a single disease — has become ever more expensive and challenging to execute. As a result, important clinical questions go unanswered. The conduct of “precision medicine” trials to evaluate targeted therapies creates challenges in recruiting patients with rare genetic subtypes of a disease. There is also increasing interest in performing mechanism-based trials in which eligibility is based on criteria other than traditional disease definitions. The common denominator is a need to answer more questions more efficiently and in less time.

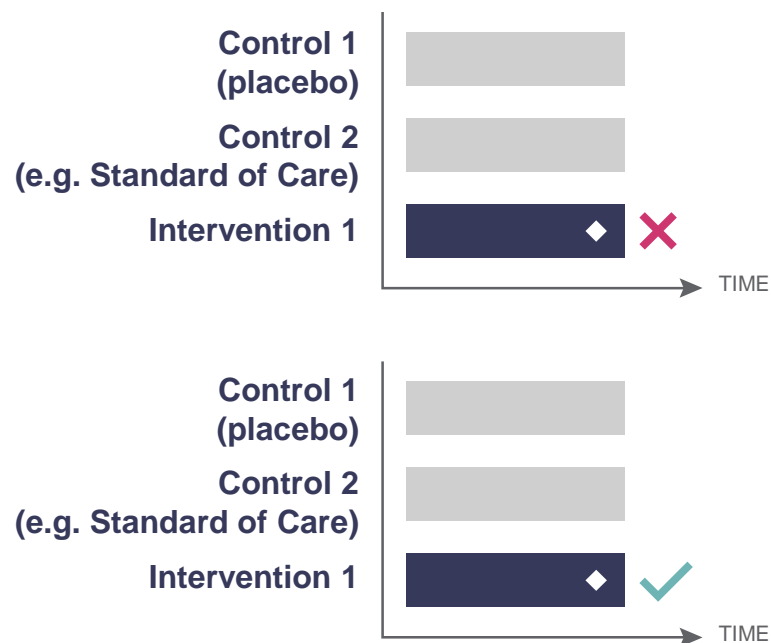
A methodologic innovation responsive to this need involves coordinated efforts



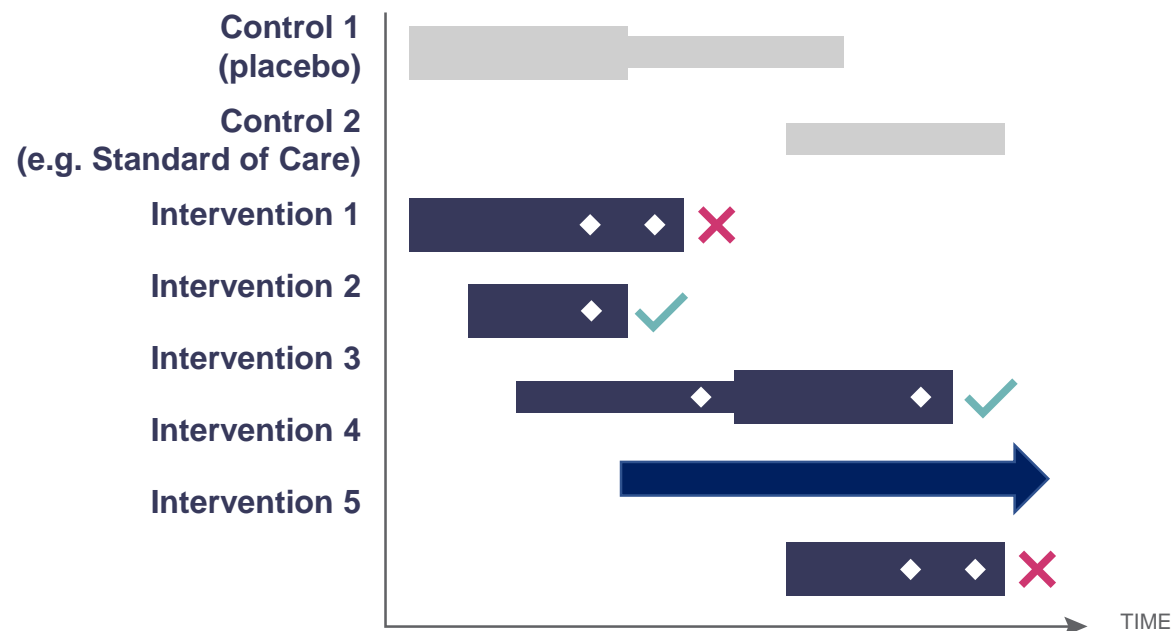


# Different trial approaches

## Traditional Clinical Trial Approach



## Adaptive Platform Trial Approach



◆ (INTERIM) ANALYSIS    ✗ STOP FOR FUTILITY    ✓ GRADUATE TO PH 3



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**November 2019 – April 2023**

**Project Coordinator: Joan Genescà  
(VHIR)**

**Project Lead: Ann Van Dessel  
(Janssen Pharmaceutica)**

**EFPIA contribution: 14.2 MM €  
IMI2 JU funding: 12 MM €**



# SHAPING THE FUTURE OF CLINICAL TRIALS

Transforming the future of drug development by creating a sustainable entity available for industry and academia to conduct platform trials in any disease area, co-designed by patients.



# Strategic Public-Private Alliance

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## EUROPEAN RESEARCH INFRASTRUCTURES



## BIOPHARMACEUTICAL COMPANIES / EFPIA/ ASSOCIATED PARTNERS





# Develop Integrated Research Platform (IRP)

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Novel clinical development concept, common **enabling framework** for platform trials, centers around a **master protocol**

Uses **existing infrastructure of hospitals and federated patient data** in design, planning and execution to accomodate multi-sourced interventions

Ensures **optimized regulatory pathway** for the novel treatments has been established





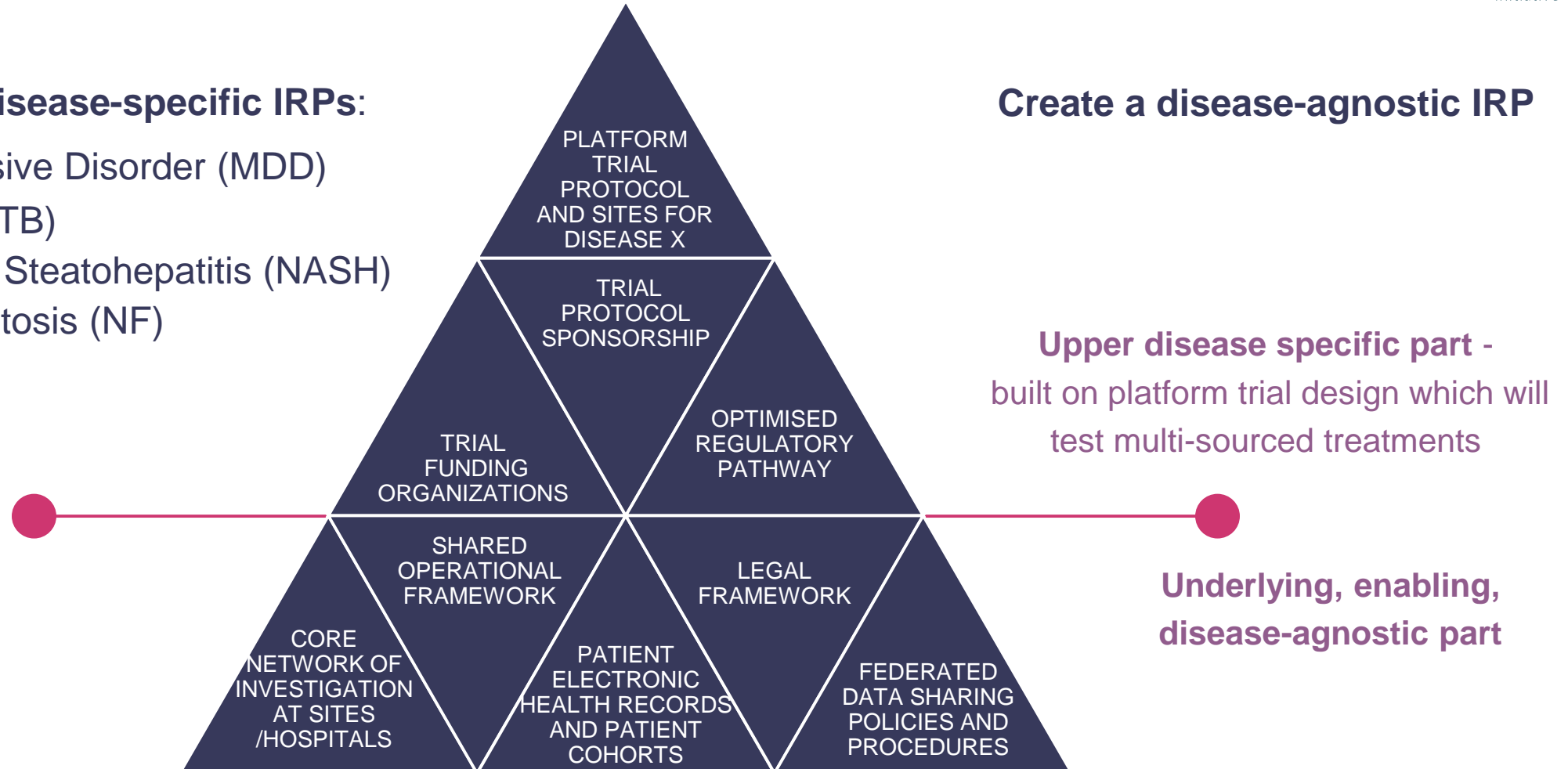
# EU-PEARL IRP Concept



## Create four disease-specific IRPs:

- ▲ Major Depressive Disorder (MDD)
- ▲ Tuberculosis (TB)
- ▲ Non-Alcoholic Steatohepatitis (NASH)
- ▲ NeuroFibromatosis (NF)

## Create a disease-agnostic IRP





# What will EU-PEARL deliver?

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1

A trusted **sustainable entity** ready to setup and coordinate the operation of IRP **in any disease**.

2

**Clinical Trial Platform Framework** that can be used **for any disease** (**Disease-agnostic IRP**), and **four specifics**

3

**Four disease trial-ready clinical networks**

Major Depressive Disorder (MDD)  
Tuberculosis (TB)  
Non-Alcoholic Steatohepatitis (NASH)  
Neurofibromatosis (NF)

4

**Patient Engagement Platform and materials**



# Co-producing Knowledge and Building Capacity...

thebmj

covid-19

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EU-PEARL: Co-production of knowledge to advance drug development. Re: Co-production of knowledge: the future

Dear Editor,

On behalf of the EU Patient-centric clinical trial Platforms (EU-PEARL) project (1), we welcome the BMJ's recent collection on Increasing the Impact of Health Research through Co-production of Knowledge (2). Redman, et al (3) and others (4) highlight the benefits and challenges to establishing collaborative research approaches, in comparison to traditional siloed approaches, to improve, accelerate and generalize the knowledge created to be implemented faster and safer. We would like to add to this, by sharing our experience within a clinical trial research setting.

EU-PEARL is a multi-stakeholder, multi-sector collaborative research project (2019-2023), funded by the Innovative Medicines Initiative 2 Joint Undertaking, which aims to build capacity and support the transformation of the classical trial approach into a cross-company collaborative, multi-compound, patient-centred integrated research platform (IRP) i.e., a common enabling framework for platform trials, including also a research clinical network and federated patient data (1,5). Why is this new approach needed? Instead of evaluating only one or a small number of investigational drugs via classical clinical trials, innovative platform trials enable the concurrent evaluation of multiple treatments, from potentially multiple sources, for a disease or condition. As such, they have the potential to revolutionize the clinical research landscape

21 June 2021

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# THANK YOU FOR YOUR ATTENTION



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# COVID-19 trials



## Clinical Trials in Global Health 4

### How COVID-19 has fundamentally changed clinical research in global health

Jay J H Park, Robin Mogg, Gerald E Smith, Etheldreda Nakimuli-Mpungu, Fyezah Jehan, Craig R Rayner, Jeanine Condo, Eric H Declodet, Jean B Nachega, Gilmar Reis, Edward J Mills

COVID-19 has had negative repercussions on the entire global population. Despite there being a common goal that should have unified resources and efforts, there have been an overwhelmingly large number of clinical trials that have been registered that are of questionable methodological quality. As the final paper of this Series, we discuss how the medical research community has responded to COVID-19. We recognise the incredible pressure that this pandemic has put on researchers, regulators, and policy makers, all of whom were doing their best to move quickly but safely in a time of tremendous uncertainty. However, the research community's response to the COVID-19 pandemic has prominently highlighted many fundamental issues that exist in clinical trial research under the current system and its incentive structures. The COVID-19 pandemic has not only re-emphasised the importance of well designed randomised clinical trials but also highlighted the need for large-scale clinical trials structured according to a master protocol in a coordinated and collaborative manner. There is also a need for structures and incentives to enable faster data sharing of anonymised datasets, and a need to provide similar opportunities to those in high-income countries for clinical trial research in low-resource regions where clinical trial research receives considerably less research funding.

#### Panel 2: WHO's Solidarity I trial

The Solidarity I trial (ISRCTN83971151) is a multinational randomised clinical trial, co-sponsored by WHO and participating countries.<sup>69</sup> The Solidarity I trial enrolls hospitalised adults (aged ≥18 years) with confirmed COVID-19 to compare four treatment options against standard of care to assess their relative effectiveness against COVID-19. Study drugs include remdesivir, hydroxychloroquine, lopinavir (fixed-dose combination with ritonavir), and intravenous B1a (single-



Lancet Glob Health 2021; 9: e711-20

See [Comment](#) page e575

This is the fourth in a [Series](#) of four papers about clinical trials in global health

#### Panel 4: RECOVERY trial

The Randomised Evaluation of COVID-19 Therapy (RECOVERY) trial (ISRCTN50189673; NCT04381936) is a large adaptive platform trial with a factorial design that is evaluating multiple different interventions for hospitalised patients with SARS-CoV-2 infection against usual hospital care in the UK. As of June 25, 2020, 11 841 patients have been enrolled in the RECOVERY trial across 176 hospitals. Rapid recruitment for the trial was made possible due to unprecedented leadership and national-level collaborations across the UK. The RECOVERY trial, to date, has reported the most convincing evidence on the

#### Panel 3: REMAP-CAP trial

The Randomised, Embedded, Multifactorial, Adaptive Platform Trial for Community-Acquired Pneumonia (REMAP-CAP; NCT02735707) is a platform trial evaluating the effects of a range of interventions to improve the outcomes of patients admitted to the intensive care unit (ICU) with community-acquired pneumonia.<sup>83</sup> The adaptive trial design was planned, before the COVID-19 pandemic, for the evaluation of multiple treatments in the event of a respiratory pandemic resulting in